Health access and utilization survey among Syrian refugees in Lebanon

UNHCR, November 2017

Photo credit: UNHCR

We are grateful to the Syrian refugees who participated in this survey. We are also grateful to the Ministry of Public Health, and other local and international partners and donors who have continuously supported access to healthcare services for refugees. The survey was conducted by UNHCR Public Health Unit in Lebanon with support from UNHCR Public Health Section in Geneva and input from the Ministry of Public Health, Lebanon.

Background

Lebanon currently hosts over 1 million Syrian registered refugees who live outside of camps in urban centers and informal settlements. UNHCR is providing assistance and support to the refugees through a variety of programs covering basic assistance, protection, shelter, WASH, education and health. UNHCR plays an overall coordination role for several actors involved in providing healthcare assistance to Syrian refugees in Lebanon. These health programmes aim to enhance refugee access to comprehensive health services within Lebanon. Primary health care (PHC) is the core of all health interventions and in partnership with local and international implementing partners, UNHCR is supporting 30 PHC facilities where a minimum package of health care services is provided at subsidized prices. In total there are approximately 100 PHCs countrywide supported by partners where subsidized care is available for refugees. Healthcare services include, medical consultations, laboratory tests, pharmacy prescriptions, free vaccinations. Referral care is an essential component of access to comprehensive health services for refugees. UNHCR supports deliveries and life-saving emergency care by paying 75–90% of hospital fees depending on the socio-economic vulnerability of the individual refugee and the cost of the admission. To facilitate the administration of referral care support UNHCR contracts a Third Party Administrator (TPA) and since January 2017 the TPA is NEXtCARE.

It is challenging to collect reliable routine data on the health service needs of non-camp refugees when compared to those residing in traditional camps. For this reason, Household Access and Utilization Surveys (HAUS) allow UNHCR to monitor trends in how refugees access and utilize health services over time. The proportion of registered Syrian refugee households with telephone numbers in Lebanon is 98%. Since 2014, UNHCR Lebanon has conducted annual telephone HAUS surveys which have provided important information on the challenges faced by refuges in accessing health care services. The survey results guide program delivery by providing timely and regular information in a cost-efficient manner on key variables relating to access and utilization.

Objective

This cross-sectional follow-up survey was conducted among refugees living in Lebanon, to monitor their access to and utilization of available health care services. The survey will aim to assess significant changes, if any that have occurred since the last survey which was conducted in 2016.

Methods

- The survey was conducted through telephone interviews from the 5th to 8th of September 2017.
- Eight surveyors were recruited and underwent 1.5 days of training.
- Survey households were selected using random sampling, from a master list provided by UNHCR registration unit containing all registered refugees in Lebanon (as of August 2017), with a valid telephone number in the database.
- The WHO STEP sample size calculator was used to obtain a representative sample[1].

[1]WHO | STEPS Sample Size Calculator and Sampling Spreadsheet; http://www.who.int/chp/steps/resources/sampling/en/

- Sample size was determined based on a desired confidence level between 3 and 5% for key indicators, baseline levels of indicators of 50%, design effect of 1, and accounted for a non-response rate of 50%.
- Selected HHs were contacted and interviewed over the phone by the interviewers.
- Participation was fully voluntary and everyone was informed that participating or not would not have any consequences in regards to UNHCR support and assistance to the household.
- The head of household, or an adult (aged ≥18) who could respond on his/her behalf, was interviewed.
- The specific inclusion and exclusion criteria for individuals within a selected household are as follows:

  Inclusion
  - In case of absence, adult who can provide response on behalf of the household

  Exclusion
  - Not providing informed consent
  - Under 17 years of age
  - Not registered in the database
- Attempts were made to contact all the selected households. Households that for some reason did not respond to the survey were not replaced.
- Costs were asked for in Lebanese Pounds and converted to USD (1 USD=1500 LBP).
- Data were entered using mobile tablets in real time, and analyzed using Microsoft Excel 2011.

Key findings

A. Baseline characteristics of population

- At the time of the survey, the population of registered Syrian refugees in Lebanon numbered 1,001,051 individuals, living in 231,530 households (4.3 individuals per household).
- 48% of the refugees were male and 53% female.
- 17% of the refugee population was less than 5 years old.

B. Baseline characteristics of sample

- A total of 699 households were selected to participate in the survey.
- 450 (64%) households were interviewed. The most common reason for non-response was either that no-one responded to the call or that the number was not functioning.
- Participating households had a total of 2286 members, and surveyed households had an average number of 5.1 individuals.
- 51% of surveyed household members were female and 17.3% were less than 5 years old.

C. Health care access and utilization during the month preceding the interview

- 55% of interviewed households knew that refugees have access to subsidized services at government PHCs for between 3,000 and 5,000 LL. This is a slight decrease from 57% in 2016.
- 74% of households knew that UNHCR supported life-saving hospital care and care for deliveries.

- 59% knew that vaccination for children <12 years is free at governmental facilities, compared to 71% in 2016.
- 31% of respondents were aware of services for survivors of domestic abuse or sexual violence.
- 42% of respondents knew that drugs for acute conditions could be obtained for free at government PHC facilities. This is a decrease from the 49% reported in 2016.
- 53% (240/450) of households reported spending money on health care the previous calendar month. This is a decrease from corresponding figure from 2016 which was 65%.
- Refuges who needed care spent an average of USD 154 (median: USD 75) in the month preceding the survey. This is an increase from the USD 148, USD 136 and USD 90 average expenditure reported in 2016, 2015 and 2014 respectively but a decreased median expenditure compared to 100 USD in 2016.

D. Sexual and reproductive health

(i) Antenatal care services

- 43% (227) of women of reproductive age (15–44 years old) were pregnant in the 2 years prior to the interview.
- 74% (142) of the 192 women who had delivered during the same time period were receiving antenatal care (ANC) services. This was a slight increase from the 70% recorded in 2016.
- 41% (78) of the women who had delivered attended 4 or more ANC visits,
- Reasons for not accessing ANC services were clinic fees (47%), and thinking that ANC was not necessary (21%).
- 112 women could name the clinic where they attended their last ANC visit: 14% (16) were UNHCR supported clinics, 16% (18) were MSF clinics, 27% (30) were supported by other entities and 43% (48) were unsupported or unknown clinics.
- Median cost for an ANC visit was USD 0 at MSF clinics, and USD 13 at all the other facilities with no significant difference noted between humanitarian agency supported and non-supported facilities.

(ii) Delivery services

- 185 of the 192 women who had delivered in the last 2 years were able to recall the location of delivery. Of these, 96% (177) delivered in a health facility and 4% (8) delivered at home, a decrease from 6% in 2016.
- 7 of the 8 women who delivered at home were assisted by a trained birth attendant.
- Reasons for delivering at home include not having a care-giver for existing children (62%), and availability of a midwife (37%).
- Of the women who delivered in a health facility, 7% (13) did not pay for delivery services, and 73% (130) received UNHCR financial support.
- The proportion of women who reported delivering via caesarean section was 31%.
- 76% (126) of the 166 respondents who were able to recall the name of their delivery facility, delivered in a hospital within the UNHCR network[2].

[2] UNHCR supports emergency deliveries in hospitals outside their network if refugees had no time to seek care elsewhere.

- 85 respondents had a UNHCR-supported normal vaginal delivery (NVD) and could estimate what they had paid (median cost: USD 75). This is a decrease from the 2016 cost of USD 99.3.
- 14 respondents had vaginal deliveries without financial support with a median cost of USD 250.
- 34 respondents had a UNHCR supported C-section and could estimate what they had paid (median cost: USD 200), which is a significant decrease from the 2016 cost of USD 304.
- 11 respondents underwent C-section without financial support with a median cost of USD 333.

(iii) Post-natal care services

- Only 28% (55) of the 192 women who delivered had sought post-natal care (PNC) services. The corresponding figure in 2016 was 26%.
- 81% of these women sought PNC services in the same facility where they had attended ANC.
- Reasons for not seeking PNC were not thinking that the services were necessary (74%), and inability to afford the clinic fees (22%).

(iv) Family planning

- 75% (338) of households were willing to answer questions about family planning.
- Of these, 48% (163) reported using some method of family planning which is an increase from 38% reported in 2016.
- 39% (63) of respondents used contraceptive pills, 23% (37) used IUDs, 11% (18) used condoms, and 25% (40) only used traditional methods.
- Reasons for not using family planning include, planning for pregnancy (25%), not being of reproductive age (17%), lack of knowledge about family planning or where to obtain services (4%).
- 2% of respondents thought family planning were culturally unacceptable or that the husband would not allow it. However 50% gave "other" as a reason for not using contraceptive methods which included a deceased spouse or referring to religious reasons.

E. Childhood vaccinations

- 248 households had children < 5 years old and were asked questions about one randomly selected child. 87% (218) had received a vaccination booklet.
- 83% of children with a vaccination booklet had received polio vaccination, and 84% had received an injectable vaccines.
- 28% (56) of the 195 children that had received injectable vaccines (card/recall) were vaccinated before arriving in Lebanon.
- 13% (19) of the 139 children who had received injectable vaccines in Lebanon were vaccinated at mobile clinics compared to 21% reported in 2016.
- 28% (24) of the 85 respondents who could recall the clinic where their child received vaccines, sought vaccination services at a UNHCR-supported facility.
- 50% of vaccinations in UNHCR-supported clinics were completely free of charge, compared to 28% in other health facilities.
- Refugees paid a median cost of USD 6 for vaccination services (for those who reported paying).

- Reasons given by the 28 respondents who did not take children for vaccination included, transport costs (25%), and 78% "other" (i.e. something that did not have to do with distance, cost, knowledge or behavior of staff).

F. Chronic conditions

- 53% (239) of households reported at least one member with a chronic condition.
- 16% (384) of the 2,286 household members reported to have a chronic medical condition.
- Conditions include: (23%) back/joint pain, (15%) hypertension, (13%) asthma/pulmonary disease, (12%) heart disease, (11%) diabetes, (4%) kidney disease, (4%) mental disease, and (2%) cancer.
- 36% (139) reported to have more than one chronic disorder. A large proportion (35%) of respondents is reporting "other" as one of the chronic disorder that they suffer from.
- 65% of the 384 household members with a chronic condition had accessed medical care and/or medicines for their condition during the last 3 months compared to 63% in 2016.
- Of the 252 individuals who could recall the facilities where they had sought care, 50% had gone to a clinics, 35% to a pharmacy and 15% to a hospital.
- 21% of those who sought care in clinics and 11% of those who sought care in hospitals did not pay for the services. All those who sought care in pharmacies paid.
- Median cost for healthcare/medicines during the last 3 months was USD 27 in clinics, USD 33 in pharmacies and USD 100 in hospitals (among respondents who paid for services and could recall the amounts).
- Median cost at UNHCR-supported clinics was USD 4, and USD 1 at clinics supported by other partners. At unsupported clinics the median cost was 20 USD[3].
- The main barrier to accessing care for those with chronic conditions was the inability to pay fees (65%). This is a similar finding to results from previous surveys.

G. Acute conditions

- 8% (186) of the 2,286 household members reported to have an acute condition during the month preceding the survey.
- Among them, 23% did not seek health care for their acute conditions. The majority (59%) could not afford clinic fees and 20% did not think it was necessary to seek care.
- Out of the 142 that sought health care, 57% went to a clinic, 23% to a pharmacy and 16% to a hospital.
- 94% (116) of the refugees that received care for acute conditions had to pay for the services: 27% got assistance from UNHCR and 29% could not pay the whole amount that was asked of them.
- Respondents who could recall the amount they had paid for care reported the following median costs: clinics (17 USD), pharmacies (USD 19), and hospitals (USD 117).
- Median cost at UNHCR-supported clinics was USD 2, and USD 15 at clinics supported by other partners. Median cost at unsupported clinics was 18 USD.
- 87% (124) of the 142 household members with acute conditions who sought care received services.

[3] Median calculation includes the ones that received care for free.

- Reasons for not receiving services despite seeking them include the facility could not offer the needed services (44%), couldn't afford the fees (27%), and the facility refused to provide the service (22%).
- Four of the 18 household members who couldn't receive services at the first facility sought care at a second facility. Of these, 1 got care, 1 went to a third facility but was still not able to get care.

Limitations

- Survey was limited to refugees households registered with UNHCR and had telephone number (98%).
- Despite attempts to account for non-response during sampling and verify telephone numbers prior to the survey, some households declined to participate in the survey and others could not be reached.
- Interviews were held with only one key informant from each household and answers are self-reported. Lack of information by the informant or poor recall available to the household respondent might have affected the quality of response and led to bias.

Conclusions

- Most refugees are aware of support available for health care services but a decline was noted in the level of knowledge about some key health services (childhood vaccinations and support for survivors of sexual and domestic abuse).

- Fewer households reported spending money on health during the preceding month (53% compared with 65%). Refugees who needed care spent an average of USD 154 in the month preceding the survey, compared to USD 148, USD 136 and USD 90 reported in 2016, 2015 and 2014 respectively. However median cost had reduced compared to 2016 from 100 USD to 75 USD.

- ANC services remain underutilized with 26% not getting any antenatal care before delivery. Only 41% of women who had delivered had completed 4 or more visits. Main reasons for not seeking ANC services were inability to afford costs and lack of awareness of its importance. Most of the women who do access ANC are paying more than the recommended fee of 3,000–5000 LBP in UNHCR supported clinics.

- 96% of women delivered in a facility and 73% received UNHCR support. However, the amount paid for NVD is exceeding the agreed upon fees. In contrast, the amount paid for C-section is in accordance with agreements.

- The majority (72%) of women do not go for PNC after delivery. The main reported reason for this is the perception that it is unnecessary. This is a change from previous year when the main reason reported was lack of awareness of the availability of PNC services. Increase noted in the proportion of respondents using family planning, 48% as compared to 38.1% reported in 2016.

- 16% of refugees reported having a chronic condition, higher than 8% in 2016. This might be explained by changes in this years' interview format whereby respondents were given more response alternatives than previously ("back/joint pain" and "other"). However, prevalence for specific conditions like hypertension remains relatively unchanged. Similar to last years' finding, approximately two-thirds of respondents reported having received care for their chronic disorder. Inability to afford fees remains the largest obstacle to accessing care for chronic conditions.

Recommendations

1. Enhance refugee knowledge of available services through intensifying awareness raising on the location of health facilities and availability of free vaccines in the MoPH network and subsidized health services in PHCs supported by partners. This should be through existing communication channels with refugees as well as expanded use of outreach networks and social media.

2. In parallel, raise awareness on the importance of seeking care especially antenatal care, postnatal care, family planning and care for NCDs using existing channels and community outreach workers to increase demand and uptake of essential services.

3. Continue to address financial barriers to health access:
    a. Advocate for sufficient and predictable funding from donors to continue supporting subsidized access to PHC services and lifesaving hospital care.
    b. Expand coverage of subsidized PHC.
    c. Enhance monitoring and oversight of clinics and hospitals to ensure adherence to agreed upon fees, rational prescribing of essential medicines and rational use of laboratory investigations. The issue concerns especially reproductive health such as ANC and deliveries for which refugees are often paying more than they should.
    d. Ensure, through supporting the national supply system and capacity of PHC pharmacists that supported facilities have uninterrupted supplies of vaccines, and essential medications to avoid unnecessary out of pocket expenditure at private pharmacies.

1)Baseline Characteristics of Population and Sample

1.1 Survey response

699
Number of households selected to participate in the study

36%
Non-response rate (i.e. could not be interviewed due to invalid number, not answering the phone or declining to participate)

1.2 Sample population

450
Number of households reached and agreed to participate in the study

2,286
Number of household members in surveyed households

5.1
Average number of household members in surveyed households, including the head of household

51%
Proportion of household members who are female (n=2286)

17%
Proportion of household members who are <5 years old (n=2286)

Figure 1: Distribution of households by governorate (n=447)

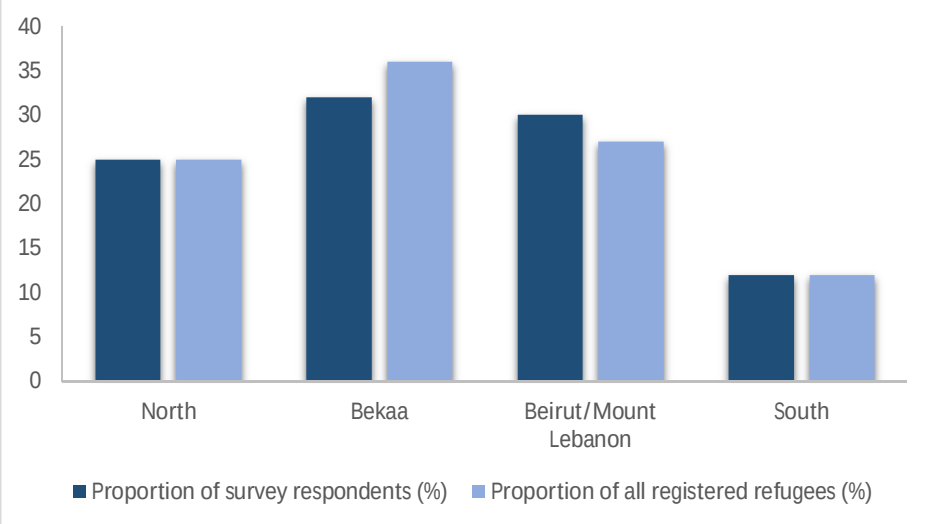
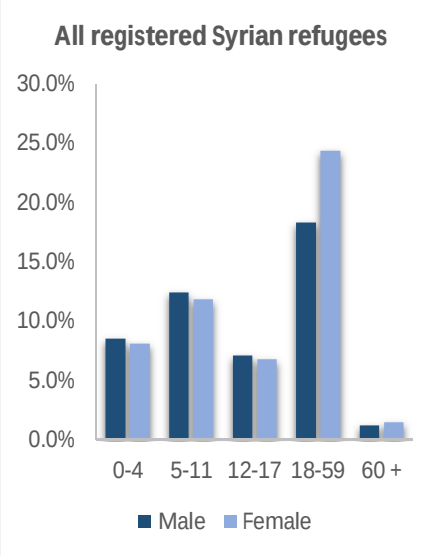
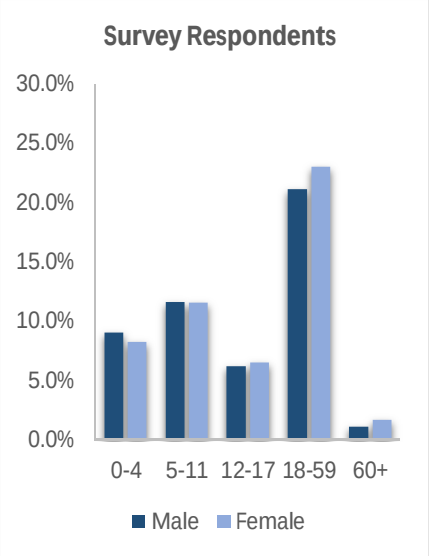


Figure 2: Age and sex distribution of household members (n=2286)





2)Antenatal Care and Deliveries

2.1 Antenatal care (ANC)

73%
Proportion of women who delivered who accessed ANC (n=192)

41%
Proportion of women who delivered who went for at least 4 ANC visits (n=192)

52%
Proportion of women who received ANC at more than one facility (n=142)

2.2 Deliveries

4%
Proportion of deliveries at home (n=192)

73%
Proportion of deliveries supported financially by UNHCR (n=192)

30%
Proportion of deliveries by C-section (n=192)

75 USD
Median cost of vaginal delivery supported by UNHCR (n=85)

200 USD
Median cost of C-section supported by UNHCR (n=34)

Figure 3: Number of ANC visits among women who delivered during past 2 years (n=192)

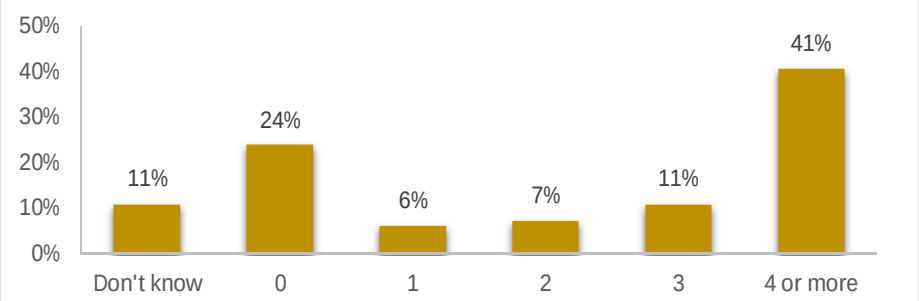


Figure 4: Reasons for not accessing ANC (n=46)

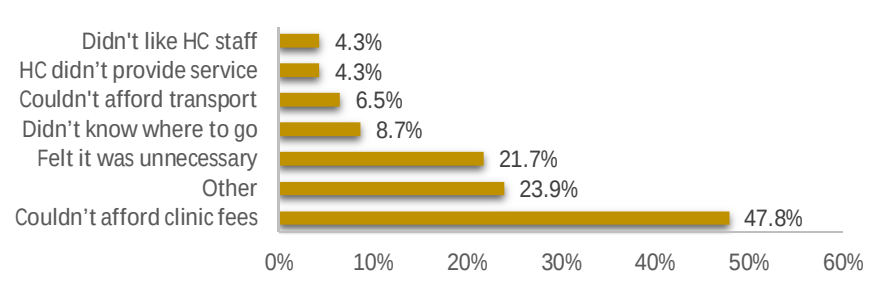


Figure 5: Place for last ANC visit (n=112)

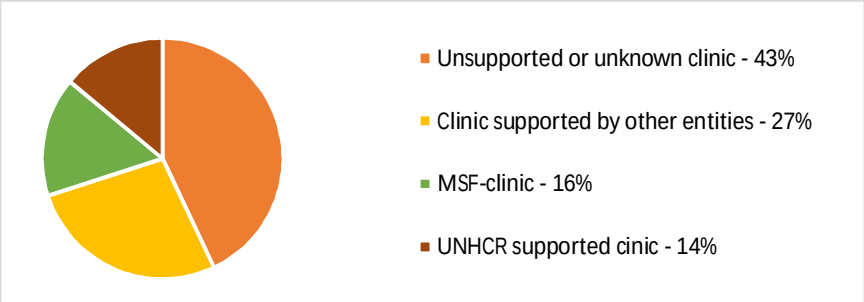
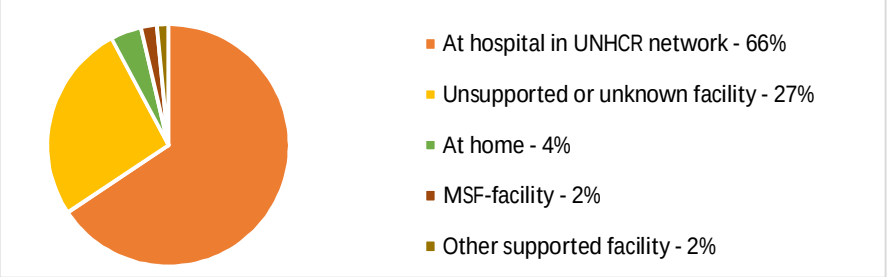


Figure 6: Place of delivery (n=192)



3)Postnatal Care, Family Planning and Child Care

3.1 Postnatal Care (PNC)

28%
Of women who delivered went for a postnatal care visit (n=192)

81%
Of women who went for PNC went to the same facility where they received ANC (n=55)

3.2 Family Planning

36%
Of households using some kind of contraceptive method (n=450)

3.3 Child Care

78%
Proportion of sample of children <5 that had received injectable vaccines at any point (n=248)

71%
Proportion of children that got vaccinated in Lebanon (n=248)

13%
Proportion of children vaccinated in Lebanon that got it in a mobile clinic (n=139)

28%
Proportion of children vaccinated in a UNHCR supported clinic (n=85)

50%
Proportion of children vaccinated in UNHCR supported clinics getting the service for free (n=24)

Figure 7: Reasons for not going for PNC (n=55)

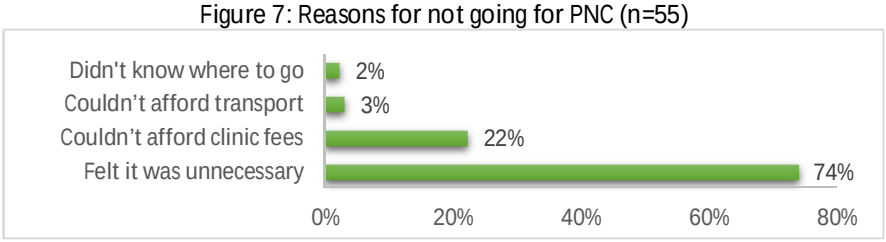


Figure 8: Reasons for not using family planning (n=174)

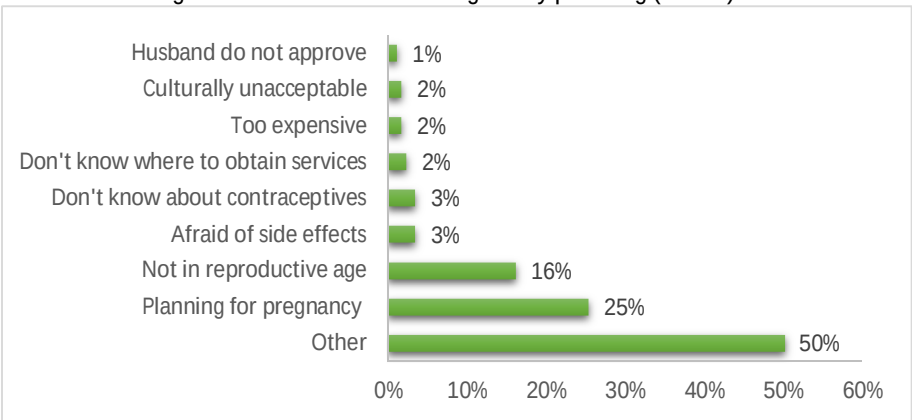


Figure 9: Choice of family planning methods (n=163)

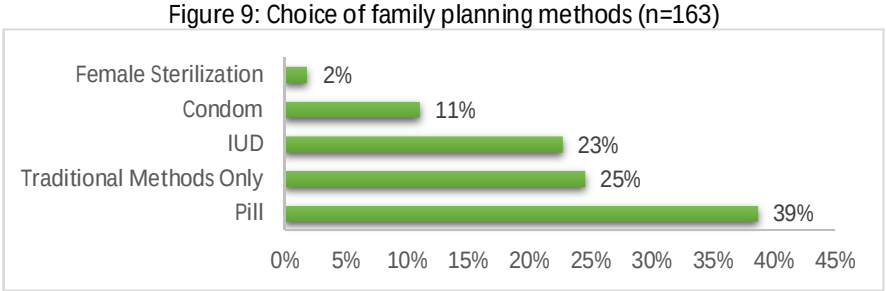
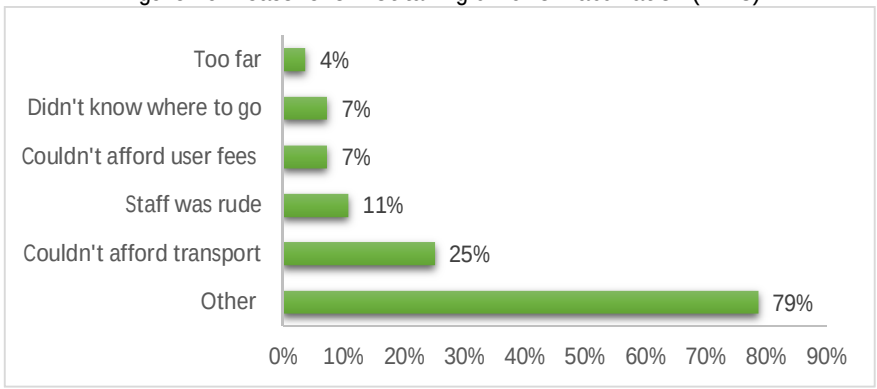


Figure 10: Reasons for not taking child for vaccination (n=28)



4)Chronic Conditions

4.1 Prevalence

16%
Proportion of respondents who reported having a chronic condition (n=2286)

50%
Proportion of respondents 40 years or above who reported having a chronic condition (n=305)

53%
Proportion of households with at least one member having a chronic disorder (n=450)

36%
Proportion of individuals that reported having more than one chronic condition (n=384)

Figure 11:Proportion of different chronic conditions reported (n=384)

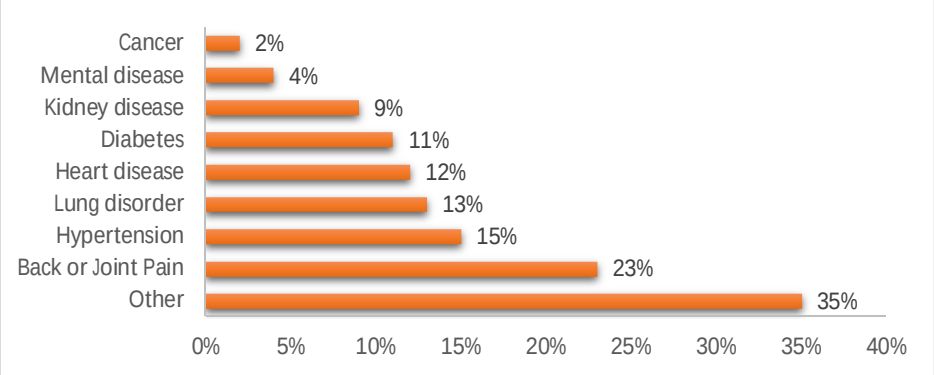
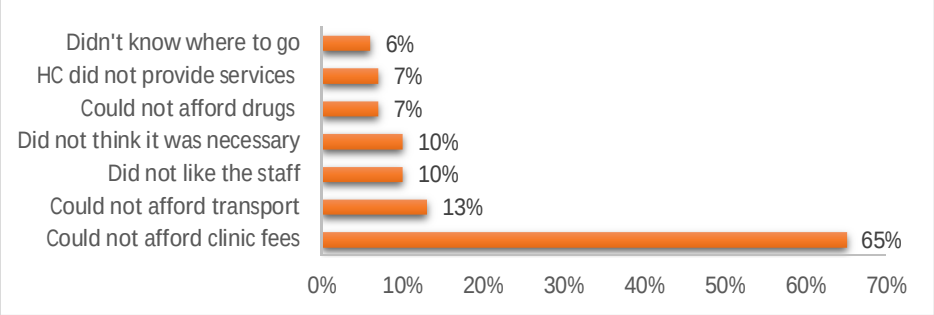


Figure 12: Reasons for not accessing chronic care (n=130)



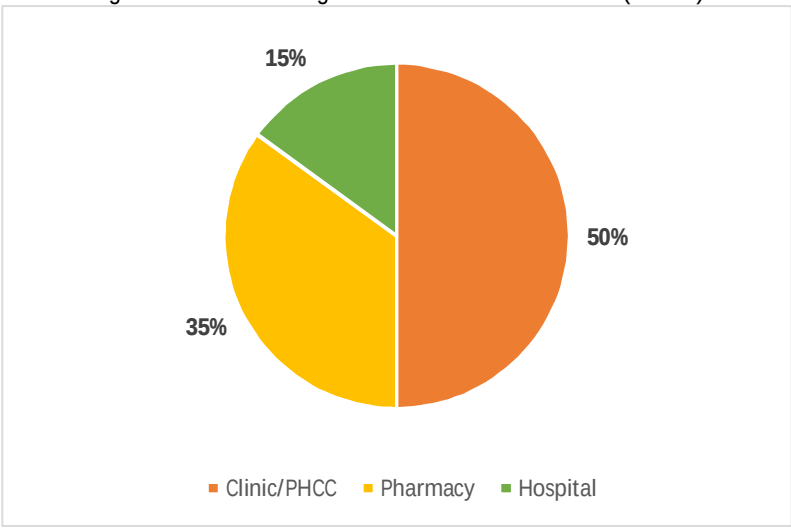
4.2 Access

65%
Proportion of respondents who have accessed care/medication for their chronic condition during the last 3 months (n=384)

50%
Proportion of individuals that had sought care in a clinic/PHCC (n=252)

28 USD
Median cost of care/medication for chronic disorders during the last 3 months (n=234)

Figure 13: Where sought care for chronic disorder (n=252)



5)Acute Conditions and knowledge about UNHCR support

5.1 Incidence

8%

Proportion of respondents who reported having an episode of acute illness during the last month (n=2286)

5.2 Access

77%

Proportion of respondents who sought health care for the episode of acute illness (n=186)

87%

Proportion of individuals that sought health care that got it (n=142)

23 USD

Median cost of care for episode of acute illness during the last month (n=120)

5.3 Knowledge

55%

Proportion of households knowing that consultations in UNHCR supported clinics for between 3000 and 5000 LBP (n=450)

74%

Proportion of households knowing that UNHCR supports hospitalization for life threatening conditions and deliveries (n=450)

59%

Proportion of households knowing that vaccinations are free for children <12 years in government facilities (n=450)

Figure 14: Reasons for not seeking care for acute illness (n=130)

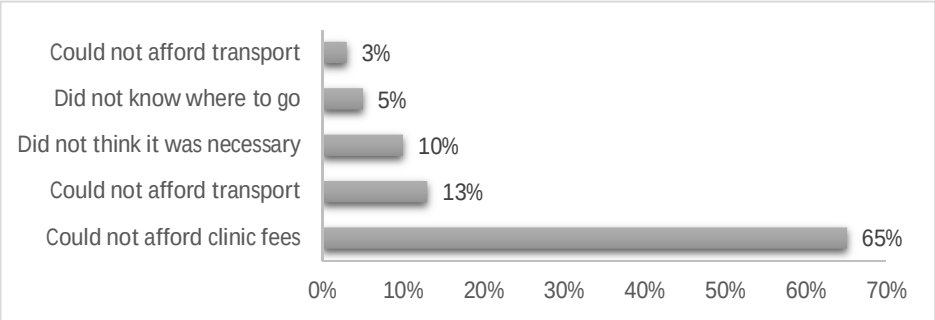


Figure 15: Reasons for not getting care when sought (n=18)

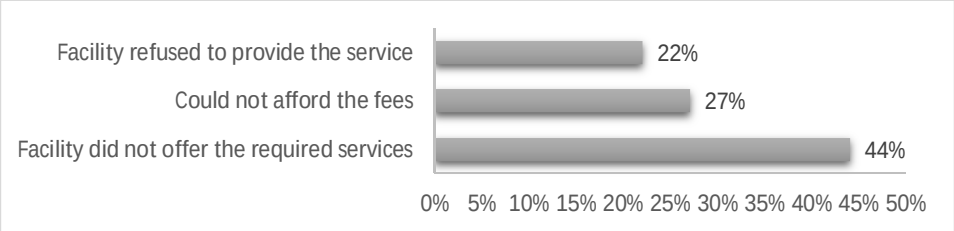


Figure 16: where sought care for acute illness (n=138)